Supplemental Educational Services (SES) Provider Request for Change of Contact Information

Instructions: In order to make a change of contact information that currently appears on the Wyoming Department of Education's Supplemental Educational Services (SES) State-approved SES Providers' List posted on the website, you must submit this form to Randall Butt, via email at rbutt@educ.state.wy.us. SES Providers should submit any change of contact information to the Wyoming Department of Education (WDE) immediately. If you have questions regarding the form, please contact Randall Butt by email at rbutt@educ.state.wy.us or telephone at (307) 777-8739.

Legal Entity Name:	
Provider – Doing	
Business As (DBA):	
Contact Phone Number:	
Date:	

To make a change request complete the left side of the form with all of the information as it currently exists. On the right side of the form, make all the necessary changes. Complete **only** those sections you are requesting to change.

ENTITY CONTACT INFORMATION: (Contact to be used by the WDE)

Current Information

New Information

Contact Person	Contact Person
Address 1	Address 1
Address 2	Address 2
City	City
State	State
Zip Code	Zip Code
Primary Phone (xxx) xxx-xxxx	Primary Phone (xxx) xxx-xxxx
Extension #1	Extension #1
Secondary Phone (xxx) xxx-xxxx	Secondary Phone (xxx) xxx-xxxx
Extension #2	Extension #2
Fax (xxx) xxx-xxxx	Fax (xxx) xxx-xxxx
Email	Email
Website	Website

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LOCAL CONTACT INFORMATION: (Contact to be used by Local Educational Agencies and parent(s)/legal guardian(s). This information will be publicly displayed on the website and Wyoming State-approved SES Providers' List.)

Current Information

New Information

Contact Person	Contact Person
Address 1	Address 1
Address 2	Address 2
City	City
State	State
Zip Code	Zip Code
Primary Phone (xxx) xxx-xxxx	Primary Phone (xxx) xxx-xxxx
Extension #1	Extension #1
Secondary Phone (xxx) xxx-xxxx	Secondary Phone (xxx) xxx-xxxx
Extension #2	Extension #2
Fax (xxx) xxx-xxxx	Fax (xxx) xxx-xxxx
Email	Email

Department Use Only:

Date information entered:	
Entered by:	